

| Procedure Code | Procedure Code Description | Rate |
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| A0021 | AMBULANCE SERVICE, OUTSIDE STATE PER MILE, TRANSPORT (MEDICAID ONLY) | \$1.75 |
| A0130 | NON-EMERGENCY TRANSPORTATION: WHEEL-CHAIR VAN | \$25.65 |
| A0225 | AMBULANCE SERVICE, NEONATAL TRANSPORT, BASE RATE, EMERGENCY TRANSPORT, ONE WAY | \$60.00 |
| A0368 | AMBULANCE SERVICE, ALS, EMERGENCY TRANSPORT, NO SPECIALIZED ALS SERVICES RENDERED, MILEAGE AND DISPOSABLE SUPPI | \$50.00 |
| A0420 | AMBULANCE WAITING TIME (ALS OR BLS) 1/2 HOUR INCREMENTS | \$12.50 |
| A0422 | AMBULANCE (ALS OR BLS) OXYGEN AND OXYGEN SUPPLIES, LIFE SUSTAINING SITUATION | \$11.66 |
| A0424 | EXTRA AMBULANCE ATTENDANT, ALS OR BLS (REQUIRES MEDICALREVIEW) | \$29.15 |
| A0425 | GROUND MILEAGE, PER STATUTE MILE | \$1.75 |
| A0426 | AMBULANCE SERVICES, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1) | \$69.95 |
| A0427 | AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 EMERGENCY) | \$69.95 |
| A0428 | AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS) | \$69.95 |
| A0429 | AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS EMERGENCY) | \$69.95 |
| A0715 | AEROSOL MASK, USED WITH DME NEBULIZER | \$1.57 |
| A4206 | SYRINGE WITH NEEDLE, STERILE 1CC, EACH | \$0.24 |
| A4208 | SYRINGE WITH NEEDLE, STERILE 3CC, EACH | \$0.24 |
| A4209 | SYRINGE WITH NEEDLE, STERILE 5CC OR GREATER, EACH | \$0.24 |
| A4213 | SYRINGE, STERILE, 20 CC OR GREATER, EACH | \$1.10 |
| A4215 | NEEDLES ONLY, STERILE, ANY SIZE, EACH | \$0.25 |
| A4216 | STERILE WATER, SALINE, 10 ML | \$0.40 |
| A4217 | STERILE WATER, SALINE, 500 ML | \$2.66 |
| A4218 | STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML | \$0.65 |
| A4221 | SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY) | \$22.58 |
| A4222 | SUPPLIES FOR EXTERNAL DRUG INFUSION PUMP, PER CASSETTE OR BAG (LIST DRUG SEPARATELY) | \$46.62 |
| A4233 | REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR | \$0.80 |
| A4234 | REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME GLUCOSE MONITOR OWNED BY PATIENT | \$3.62 |
| A4235 | REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME GLUCOSE MONITOR OWNED BY PATIENT | \$2.34 |
| A4236 | REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME GLUCOSE MONITOR OWNED BY | \$1.67 |
| A4244 | ALCOHOL OR PEROXIDE, PER PINT | \$1.00 |

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| A4246 | BETADINE, PER PINT | \$5.00 |
| A4247 | BETADINE OR IODINE SWABS/WIPES, PER BOX | \$12.00 |
| A4248 | CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML | \$0.00 |
| A4250 | URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS) | \$15.00 |
| A4253 | BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS | \$35.78 |
| A4255 | PLATFORMS FOR HOME BLOOD GLUCOSE MONITOR, 50 PER BOX | \$3.90 |
| A4256 | NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS - PER PINT | \$11.41 |
| A4257 | REPLACEMENT LENS SHIELD CARTRIDGE FOR USE WITH LASER SKIN PIERCING DEVICE, EACH | \$12.72 |
| A4258 | SPRING-POWERED DEVICE FOR LANCET, EACH | \$18.00 |
| A4259 | LANCETS, PER BOX OF 100 | \$10.80 |
| A4262 | TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH | \$20.00 |
| A4263 | LACRIMAL DUCT IMPLANT | \$31.59 |
| A4265 | PARAFFIN | \$3.38 |
| A4270 | DISPOSABLE ENDOSCOPE SHEATH, EACH | \$0.00 |
| A4280 | ADHESIVE SKIN SUPPORT ATTACHMENT FOR USE WITH EXTERNAL BREAST PROSTHESIS, EACH | \$5.43 |
| A4281 | TUBING FOR BREAST PUMP, REPLACEMENT | \$0.00 |
| A4282 | ADAPTER FOR BREAST PUMP, REPLACEMENT | \$0.00 |
| A4283 | CAP FOR BREAST PUMP BOTTLE, REPLACEMENT | \$0.00 |
| A4284 | BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT | \$0.00 |
| A4285 | POLYCARBONATE BOTTLE FOR USE WITH BREAST PUMP, REPLACEMENT | \$0.00 |
| A4286 | LOCKING RING FOR BREAST PUMP, REPLACEMENT | \$0.00 |
| A4301 | IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL, EPIDURAL, SUBARACHNOID, PERITONEAL, | \$0.00 |
| A4310 | INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY) | \$7.70 |
| A4311 | INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, | \$12.58 |
| A4312 | INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE | \$15.30 |
| A4313 | INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION | \$15.70 |
| A4314 | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SIL | \$21.44 |
| A4315 | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE | \$22.37 |

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| A4316 | INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION | \$26.04 |
| A4320 | IRRIGATION TRAY WITH BULB OR PISTON SYRINGE, ANY PURPOSE | \$5.32 |
| A4321 | THERAPEUTIC AGENT FOR URINARY CATHETER IRRIGATION | \$0.00 |
| A4322 | IRRIGATION SYRINGE, BULB OR PISTON | \$3.03 |
| A4326 | MALE EXTERNAL CATHETER SPECIALTY TYPE, EG; INFLATABLE, FACEPLATE, ETC., EACH | \$10.35 |
| A4327 | FEMALE EXTERNAL URINARY COLLECTION DEVICE; MEATAL CUP, EACH | \$42.16 |
| A4328 | FEMALE EXTERNAL URINARY COLLECTION DEVICE; POUCH, EACH | \$9.83 |
| A4330 | PERIANAL FECAL COLLECTION POUCH WITH ADHESIVE, EACH | \$6.77 |
| A4331 | EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR OSTOM | \$3.17 |
| A4332 | LUBRICANT, INDIVIDUAL STERILE PACKET, FOR INSERTION OF URINARY CATHETER, EACH | \$0.12 |
| A4333 | URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH | \$2.19 |
| A4334 | URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH | \$4.92 |
| A4335 | INCONTINENCE SUPPLY; MISCELLANEOUS | \$0.00 |
| A4338 | INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHI | \$11.61 |
| A4340 | INDWELLING CATHETER; SPECIALTY TYPE (EG; COUDE, MUSHROOM, WING, ETC.), EACH | \$31.67 |
| A4344 | INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE, EACH | \$14.03 |
| A4346 | INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH | \$16.61 |
| A4349 | MALE EXTERNAL CATHETER, WITH OR WITHOUT ADHESIVE, DISPOSABLE, EACH | \$2.01 |
| A4351 | INTERMITTENT URINARY CATHETER; STRAIGHT TIP, EACH | \$1.80 |
| A4352 | INTERMITTENT URINARY CATHETER; COUDE (CURVED) TIP, EACH | \$5.44 |
| A4353 | INTERMITTENT URINARY CATHETER, WITH INSERTION SUPPLIES | \$6.97 |
| A4354 | INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER | \$11.77 |
| A4355 | IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY | \$8.89 |
| A4356 | EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH | \$38.68 |
| A4357 | BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH | \$8.23 |

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| A4358 | URINARY LEG BAG; VINYL, WITH OR WITHOUT TUBE, EACH | \$6.61 |
| A4361 | OSTOMY FACEPLATE, EACH | \$16.87 |
| A4362 | SKIN BARRIER; SOLID, 4 X 4 OR EQUIVALENT; EACH | \$3.45 |
| A4363 | OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH | \$2.26 |
| A4364 | ADHESIVE FOR OSTOMY OR CATHETER; LIQUID (SPRAY, BRUSH, ETC.), CEMENT, POWDER OR PASTE; ANY COMPOSITION (E.G. S | \$2.88 |
| A4365 | OSTOMY ADHESIVE REMOVER WIPES, 50 PER BOX | \$11.30 |
| A4366 | OSTOMY VENT, ANY TYPE, EACH | \$1.30 |
| A4367 | OSTOMY BELT, EACH | \$7.33 |
| A4368 | OSTOMY FILTER, ANY TYPE, EACH | \$0.26 |
| A4369 | OSTOMY SKIN BARRIER, LIQUID (SPRAY, BRUSH, ETC), PER OZ | \$2.41 |
| A4371 | OSTOMY SKIN BARRIER, POWDER, PER OZ | \$3.64 |
| A4372 | OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, STANDARD WEAR, WITH BUILT-IN CONVEXITY, EACH | \$4.17 |
| A4373 | FLANGE (SOLID, FLEXIBLE OR ACCORDION), STANDARD WEAR, W/BUILT IN CONVEXITY, ANY SIZE EACH | \$6.26 |
| A4375 | OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, PLASTIC, EACH | \$17.14 |
| A4376 | OSTOMY POUCH, DRAINABLE, WITH FACEPLATE ATTACHED, RUBBER, EACH | \$47.46 |
| A4377 | OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, PLASTIC, EACH | \$4.28 |
| A4378 | OSTOMY POUCH, DRAINABLE, FOR USE ON FACEPLATE, RUBBER, EACH | \$30.68 |
| A4379 | OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, PLASTIC, EACH | \$14.98 |
| A4380 | OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH (CHECK DESCRIPTION) | \$37.24 |
| A4381 | OSTOMY POUCH, URINARY, WITH FACEPLATE ATTACHED, RUBBER, EACH (CHECK DESCRIPTION) | \$4.60 |
| A4382 | OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, HEAVY PLASTIC, EACH | \$24.56 |
| A4383 | OSTOMY POUCH, URINARY, FOR USE ON FACEPLATE, RUBBER, EACH | \$28.12 |
| A4384 | OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH | \$9.60 |
| A4385 | OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, W/OUT BUILT-IN CONVEXITY EACH | \$5.09 |
| A4387 | OSTOMY POUCH CLOSED, W/STANDARD WEAR BARRIER ATTACHED, W/BUILT-IN CONVEXITY 1 PIECE | \$4.10 |
| A4388 | OSTOMY POUCH, DRAINABLE, W/EXTENDED WEAR BARRIER ATTACHED, WITH/OUT BUILT-IN CONVEXITY 1 PIECE | \$4.35 |
| A4389 | OSTOMY POUCH, DRAINABLE, W/STANDARD WEAR BARRIER ATTACHED, W/BUILT-IN CONVEXITY 1 PIECE EACH | \$6.20 |

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| A4390 | OSTOMY POUCH, DRAINABLE, W/EXTENDED WEAR BARRIER ATTACHED, W/BUILT-IN CONVEXITY 1 PIECE EACH | \$9.59 |
| A4391 | OSTOMY POUCH, URINARY, W/EXTENDED WEAR BARRIER ATTACHED, W/OUT BUILT-IN CONVEXITY, 1 PIECE EACH | \$7.05 |
| A4392 | OSTOMY POUCH, URINARY, W/STANDARD WEAR BARRIER ATTACHED, W/BUILT-IN CONVEXITY 1 PIECE EACH | \$8.16 |
| A4393 | OSTOMY POUCH, URINARY, W/EXTENDED WEAR BARRIER ATTACHED, W/BUILT-IN CONVEXITY EACH | \$9.02 |
| A4394 | OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, LIQUID PER FLUID OZ | \$2.57 |
| A4395 | OSTOMY DEODORANT FOR USE IN OSTOMY POUCH, SOLID, PER TABLET | \$0.05 |
| A4396 | OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT | \$40.38 |
| A4397 | IRRIGATION SUPPLY; SLEEVE, EACH | \$4.15 |
| A4398 | OSTOMY IRRIGATION SUPPLY; BAG, EACH | \$12.84 |
| A4399 | OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING BRUSH | \$11.00 |
| A4400 | OSTOMY IRRIGATION SET | \$41.43 |
| A4402 | LUBRICANT, PER OUNCE | \$1.36 |
| A4404 | OSTOMY RINGS | \$1.62 |
| A4405 | OSTOMY SKIN BARRIER, NON-PECTIN BASED, PASTE, PER OUNCE | \$3.39 |
| A4406 | OSTOMY SKIN BARRIER, PECTIN BASED, PASTE, PER, OUNCE | \$5.73 |
| A4407 | OSTOMY SKIN BARRIER, WITH FLANGE, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, 4X4 INCHES OR SMALLER, EACH | \$8.74 |
| A4408 | OSTOMY SKIN BARRIER, WITH FLANGE, EXTENDED WEAR, WITH BUILT-IN LARGER THAN 4X4 INCHES, EACH | \$9.84 |
| A4409 | OSTOMY SKIN BARRIER, WITH FLANGE, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, 4X4 OR SMALLER, EACH | \$6.20 |
| A4410 | OSTOMY SKIN BARRIER, WITH FLANGE, EXTENDED WEAR, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH | \$9.02 |
| A4411 | OSTOMY SKIN BARRIER, SOLID 4X4 OR EQUIVALENT, EXTENDED WEAR, WITH BUILT-IN CONVEXITY, EACH | \$5.09 |
| A4412 | OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE (2 PIECE SYSTEM), WITHOUT FILTER, EACH | \$2.70 |
| A4413 | OSTOMY POUCH, DRAINABLE, HIGH OUTPUT, FOR USE ON A BARRIER WITH FLANGE(2 PIECE SYSTEM)WITH FILTER, EACH | \$5.49 |
| A4414 | OSTOMY SKIN BARRIER, WITH FLANGE, WITHOUT BUILT-IN CONVEXITY 4X4 INCHES OR SMALLER, EACH | \$4.92 |
| A4415 | OSTOMY SKIN BARRIER, WITH FLANGE, WITHOUT BUILT-IN CONVEXITY, LARGER THAN 4X4 INCHES, EACH | \$5.99 |

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| A4416 | OSTOMY POUCH CLOSED, WITH BARRIER ATTACHED, WITH FILTER, ONE PIECE, EACH | \$2.75 |
| A4417 | OSTOMY POUCH, CLOSED WITH BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FILTER, ONCE PIECE, EACH | \$3.71 |
| A4418 | OSTOMY POUCH CLOSED, WITHOUT BARRIER ATTACHED, WITH FILTER, ONE PIECE, EACH | \$1.80 |
| A4419 | OSTOMY POUCH CLOSED, FOR USE ON BARRIER WITH NON LOCKING FLANGE, WITH FILTER, TWO PIECE, EACH | \$1.74 |
| A4420 | OSTOMY POUCH CLOSED, FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER, TWO PIECE, EACH | \$0.00 |
| A4421 | OSTOMY SUPPLY; MISCELLANEOUS | \$0.00 |
| A4422 | OSTOMY ABSORBENT MATERIAL FOR USE IN OSTOMY POUCH TO THICKEN LIQUID STOMAL OUTPUT, EACH | \$0.12 |
| A4423 | OSTOMY POUCH CLOSED, FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER, TWO PIECE, EACH | \$1.85 |
| A4424 | OSTOMY POUCH DRAINABLE, WITH BARRIER ATTACHED, WITH FILTER, ONE PIECE, EACH | \$4.74 |
| A4425 | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH NON LOCKING FLANGE, WITH FILTER, TWO PIECE SYSTEM, EACH | \$3.57 |
| A4426 | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, TWO PIECE SYSTEM, EACH | \$2.73 |
| A4427 | OSTOMY POUCH, DRAINABLE; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FILTER, TWO PIECE SYSTEM, EACH | \$2.77 |
| A4428 | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FAUCET TYPE TAP WITH VALVE, ONE PIECE, EACH | \$6.50 |
| A4429 | OSTOMY POUCH, URINARY WITH BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FAUCET TYPE TAP WITH VALVE, ONE | \$8.23 |
| A4430 | OSTOMY POUCH, URINARY, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FAUCET TYPE TAP | \$8.50 |
| A4431 | OSTOMY POUCH, URINARY; WITH BARRIER ATTACHED, WITH FAUCET TYPE TAP WITH VALVE, ONE PIECE, EACH | \$6.20 |
| A4432 | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH NON LOCKING FLANGE, WITH FAUCET TYPE TAP WITH VALVE, TWO PIECE, | \$3.58 |
| A4433 | OSTOMY POUCH , URINARY, FOR USE ON BARRIER WITH LOCKING FLANGE, TWO PIECE, EACH | \$3.33 |
| A4434 | OSTOMY POUCH, URINARY; FOR USE ON BARRIER WITH LOCKING FLANGE, WITH FAUCET TYPE TAP WITH VALVE WITH TWO PIECE | \$3.75 |
| A4450 | TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES | \$0.09 |
| A4452 | TAPE, WATERPROOF, PER 18 SQUARE INCHES | \$0.36 |
| A4455 | ADHESIVE REMOVER OR SOLVENT (FOR TAPE, CEMENT OR OTHER ADHESIV PER OUNCE) | \$1.43 |
| A4461 | SURGICAL DRESSING HOLDER, NONREUSABLE, EACH | \$3.28 |
| A4463 | SURGICAL DRESSING HOLDER, REUSABLE, EACH | \$13.28 |

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| A4465 | NON-ELASTIC BINDER FOR EXTREMITY | \$24.00 |
| A4470 | GRAVLEE JET WASHER | \$0.00 |
| A4480 | VABRA ASPIRATOR | \$0.00 |
| A4481 | TRACHEOSTOMA FILTER, ANY TYPE, ANY SIZE, EACH | \$0.37 |
| A4490 | SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH | \$10.00 |
| A4495 | SURGICAL STOCKINGS THIGH LENGTH, EACH | \$11.00 |
| A4500 | SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH | \$8.00 |
| A4510 | SURGICAL STOCKINGS FULL LENGTH, EACH | \$15.00 |
| A4520 | INCONTINENCE GARMENT, ANY TYPE, (E.G. BRIEF, DIAPER), EACH | \$1.00 |
| A4534 | YOUTH SIZED INCONTINENCE PRODUCT,BRIEF, EACH | \$1.00 |
| A4550 | SURGICAL TRAYS | \$0.00 |
| A4554 | DISPOSABLE UNDERPADS, ALL SIZES, (E.G., CHUX'S) | \$0.30 |
| A4556 | ELECTRODES, (E.G., APNEA MONITOR), PER PAIR | \$12.11 |
| A4557 | LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR | \$21.05 |
| A4558 | CONDUCTIVE PASTE OR GEL | \$5.43 |
| A4559 | COUPLING GEL OR PASTE, FOR USE WITH ULTRASOUND DEVICE, PER OUNCE | \$0.10 |
| A4561 | PESSARY, RUBBER, ANY TYPE | \$19.90 |
| A4562 | PESSARY, NON-RUBBER, ANY TYPE | \$49.55 |
| A4565 | SLINGS | \$12.50 |
| A4570 | SPLINT | \$45.70 |
| A4590 | SPECIAL CASTING MATERIALS, HEXCELITE AND LIGHT CAST | \$7.50 |
| A4595 | TENS SUPPLIES, 2 LEAD, PER MONTH | \$28.74 |
| A4600 | SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH | \$0.00 |
| A4604 | TUBING WITH INTERGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE | \$57.44 |
| A4605 | TRACHEAL SUCTION CATHETER, CLOSED SYSTEM, EACH | \$16.36 |
| A4606 | OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT | \$30.00 |
| A4608 | TRANSTRACHEAL OXYGEN CATHETER, EACH | \$50.00 |
| A4611 | BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR | \$187.30 |
| A4612 | BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR | \$67.77 |
| A4613 | BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR | \$143.85 |
| A4614 | PEEK EXPIRATORY FLOW RATE METER, HAND HELD | \$23.72 |
| A4615 | CANNULA, NASAL | \$0.71 |
| A4616 | TUBING (OXYGEN), PER FOOT | \$0.07 |
| A4617 | MOUTH PIECE | \$3.09 |
| A4618 | BREATHING CIRCUITS | \$8.86 |
| A4619 | FACE TENT | \$1.21 |
| A4620 | VARIABLE CONCENTRATION MASK | \$0.59 |
| A4623 | TRACHEOSTOMY, INNER CANNULA (REPLACEMENT ONLY) | \$5.93 |
| A4624 | TRACHEAL SUCTION CATHETER, ANY TYPE, EACH | \$2.23 |
| A4625 | TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY | \$6.66 |
| A4626 | TRACHEOSTOMY CLEANING BRUSH, EACH | \$3.18 |

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| A4627 | SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER | \$24.00 |
| A4628 | OROPHARYNGEAL SUCTION CATHETER, EACH | \$3.66 |
| A4629 | TRACHEOSTOMY CARE KIT FOR ESTABLISHED TRACHEOSTOMY | \$4.62 |
| A4630 | REPLACEMENT BATTERIES. MEDICALLY NECESSARY T.E.N.S. OWNED BY PATIENT | \$6.23 |
| A4633 | REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH | \$40.94 |
| A4634 | REPLACEMENT BULB FOR THERAPEUTIC LIGHT BOX, TABLETOP MODEL | \$4.21 |
| A4635 | UNDERARM PAD, CRUTCH, REPLACEMENT, EACH | \$5.11 |
| A4636 | REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH | \$3.62 |
| A4637 | REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH. | \$1.83 |
| A4638 | REPLACEMENT BATTERY FOR PATIENT OWNED EAR PULSE GENERATOR, EACH | \$0.00 |
| A4639 | REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH | \$286.49 |
| A4640 | REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT | \$63.17 |
| A4641 | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT. | \$0.00 |
| A4648 | TISSUE MARKER IMPLANTABLE, ANY TYPE, EACH | \$0.00 |
| A4649 | SURGICAL SUPPLY; MISCELLANEOUS | \$0.00 |
| A4650 | IMPLANTABLE RADIATION DOSIMETER, EACH | \$0.00 |
| A4772 | DEXTROSTICK OR GLUCOSE TEST STRIPS, PER BOX OF 100 | \$62.98 |
| A4927 | GLOVES, NON-STERILE, PER 100 | \$10.00 |
| A4930 | GLOVES, STERILE, PER PAIR | \$0.80 |
| A5051 | POUCH, CLOSED; WITH BARRIER ATTACHED (1 PIECE) | \$2.06 |
| A5052 | POUCH, CLOSED; WITHOUT BARRIER ATTACHED (1 PIECE) | \$1.48 |
| A5053 | POUCH, CLOSED; FOR USE ON FACEPLATE | \$1.74 |
| A5054 | POUCH, CLOSED; FOR USE ON BARRIER WITH FLANGE (2 PIECE) | \$1.79 |
| A5055 | STOMA CAP | \$1.42 |
| A5061 | POUCH, DRAINABLE; WITH BARRIER ATTACHED (1 PIECE) | \$3.52 |
| A5062 | POUCH, DRAINABLE; WITHOUT BARRIER ATTACHED (1 PIECE) | \$2.21 |
| A5063 | POUCH, DRAINABLE; FOR USE ON BARRIER WITH FLANGE (2 PIECE SYSTEM) | \$2.70 |
| A5071 | POUCH, URINARY; WITH BARRIER ATTACHED (1 PIECE) | \$5.99 |
| A5072 | POUCH, URINARY; WITHOUT BARRIER ATTACHED (1 PIECE) | \$3.42 |
| A5073 | POUCH, URINARY; FOR USE ON BARRIER WITH FLANGE (2 PIECE) | \$3.13 |
| A5081 | CONTINENT DEVICE; PLUG FOR CONTINENT STOMA | \$3.30 |
| A5082 | CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA | \$11.86 |

| Procedure Code | Procedure Code Description | Rate |
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| A5083 | CONTINENT DEVICE, STOMA ABSORPTIVE COVER FOR CONTINENT STOMA | \$0.00 |
| A5093 | OSTOMY ACCESSORY; CONVEX INSERT | \$1.95 |
| A5102 | BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH | \$22.36 |
| A5105 | URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE | \$40.66 |
| A5112 | URINARY LEG BAG; LATEX | \$34.53 |
| A5113 | LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET | \$3.99 |
| A5114 | LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET | \$7.58 |
| A5120 | SKIN BARRIER, WIPES OR SWABS, EACH | \$0.26 |
| A5121 | SKIN BARRIER; SOLID, 6 X 6 OR EQUIVALENT, EACH | \$7.44 |
| A5122 | SKIN BARRIER; SOLID, 8 X 8 OR EQUIVALENT, EACH | \$10.90 |
| A5126 | ADHESIVE OR NON-ADHESIVE; DISK OR FOAM PAD | \$1.32 |
| A5131 | APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ. | \$15.82 |
| A5200 | PERCUTANEOUS CATHETER/TUBE ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT | \$11.28 |
| A5500 | FOR DIABETICS ONLY, FITTING(INCLUDING FOLLOW UP)CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY | \$63.42 |
| A5501 | FOR DIABETICS ONLY, FITTING(INCLUDING FOLLOW UP)CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF | \$190.24 |
| A5503 | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE | \$28.21 |
| A5504 | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE | \$28.21 |
| A5505 | FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE | \$28.21 |
| A5506 | FOR DIABETICS ONLY, MODIFICATION(INCLUDING FITTING)_OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE | \$28.21 |
| A5507 | FOR DIABETICS ONLY, NOT OTHERWISE SPECIFIED MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE | \$28.21 |
| A5508 | FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE, PER SHOE | \$178.00 |
| A5510 | FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT W/O EXTERNAL HEAT SOURCE, MULTIPLE DEN | \$30.00 |
| A5512 | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE | \$25.88 |

| Procedure Code | Procedure Code Description | Rate |
|----------------|--|----------|
| A5513 | FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH | \$38.62 |
| A6010 | COLLAGEN BASED WOUND FILLER, DRY FORM PER GRAM OF COLLAGEN | \$30.88 |
| A6011 | COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN | \$2.27 |
| A6020 | COLLAGEN BASED WOUND DRESSING, EACH DRESSING | \$0.00 |
| A6021 | COLLAGEN DRESSING, PAD SIZE 16 SQ IN. OR LESS, EACH | \$20.97 |
| A6022 | COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ IN. BUT LESS THAN OR EQUAL TO 48 SQ IN, EACH | \$20.97 |
| A6023 | COLLAGEN DRESSING, PAD SIZE MORE THAN 48 SQ IN, EACH | \$189.83 |
| A6024 | COLLAGEN DRESSING WOUND FILLER, PER 6 INCHES | \$6.18 |
| A6025 | SILICONE GEL SHEET, EACH | \$4.57 |
| A6154 | WOUND POUCH, EACH | \$14.35 |
| A6196 | ALGINATE DRESSING, WOUND COVER, PAD SIZE 16 SQ.IN.OR LESS, EACH DRESSING | \$7.33 |
| A6197 | ALGINATE DRESSING, WOULD COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH | \$16.40 |
| A6198 | ALGINATE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING | \$112.50 |
| A6199 | ALGINATE DRESSING, WOUND FILTER, PER 6 INCHES | \$5.27 |
| A6200 | COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | \$9.06 |
| A6201 | COMPOSTIE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ IN.,W/O ADHESIVE BORDER | \$19.84 |
| A6202 | COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | \$33.27 |
| A6203 | COMPOSITE DRESSING, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | \$3.34 |
| A6204 | COMPOSTIE DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE | \$6.21 |
| A6205 | COMPOSITE DRESSING, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | \$4.57 |
| A6206 | CONTACT LAYER, 16 SQ. IN. OR LESS, EACH DRESSING | \$0.97 |
| A6207 | CONTACT LAYER, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING | \$7.32 |
| A6208 | CONTACT LAYER, MORE THAN 48 SQ. IN., EACH DRESSING | \$3.42 |
| A6209 | FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | \$7.46 |
| A6210 | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHES | \$19.87 |

| Procedure Code | Procedure Code Description | Rate |
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| A6211 | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | \$29.30 |
| A6212 | FOAM DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BOREDER, EACH DRESSING | \$9.68 |
| A6213 | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE | \$0.00 |
| A6214 | FOAM DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | \$10.26 |
| A6215 | FOAM DRESSING, WOUND FILLER, PER GRAM | \$2.33 |
| A6216 | GAUZE, NONIMPREGNATED, NONSTERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | \$0.05 |
| A6217 | GAUZE, NONIMPREGNATED, NONSTERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT | \$0.41 |
| A6218 | GAUZE, NONIMPREGNATED, NONSTERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | \$0.58 |
| A6219 | GAUZE, NONIMPREGNATED, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | \$0.95 |
| A6220 | GAUZE, NONIMPREGNATED, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHES | \$2.57 |
| A6221 | GAUZE, NONIMPREGNATED, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | \$0.00 |
| A6222 | GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, | \$2.13 |
| A6223 | GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO | \$2.41 |
| A6224 | GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER | \$3.60 |
| A6228 | GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH | \$0.00 |
| A6229 | GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. | \$3.60 |
| A6230 | GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESS | \$0.00 |
| A6231 | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE 16 SQ IN. OR LESS, EACH DRESSING | \$4.65 |

| Procedure Code | Procedure Code Description | Rate |
|----------------|--|---------|
| A6232 | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE GREATER THAN 16 SQ IN,BUT LESS THAN 48 SQ IN | \$6.86 |
| A6233 | GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT, PAD SIZE MORE THAN 48 SQ IN, EACH DRESSING | \$19.14 |
| A6234 | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | \$6.53 |
| A6235 | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOU | \$16.78 |
| A6236 | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | \$27.18 |
| A6237 | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | \$7.89 |
| A6238 | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH | \$22.73 |
| A6239 | HYDROCOLLOID DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSIN | \$18.24 |
| A6240 | HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, PER FLUID OUNCE | \$12.21 |
| A6241 | HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, PER GRAM | \$2.57 |
| A6242 | HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS WITHOUT ADHESIVE BORDER, EACH DRESSING | \$6.05 |
| A6243 | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT | \$12.28 |
| A6244 | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING | \$39.18 |
| A6245 | HYDROGEL DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | \$7.25 |
| A6246 | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY | \$9.90 |
| A6247 | HYDROGEL DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING | \$23.72 |
| A6248 | HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE | \$16.20 |
| A6250 | SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE | \$7.95 |

| Procedure Code | Procedure Code Description | Rate |
|----------------|--|---------|
| A6251 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH | \$1.99 |
| A6252 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. | \$3.24 |
| A6253 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESS | \$6.33 |
| A6254 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH | \$1.21 |
| A6255 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. | \$3.02 |
| A6256 | SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH | \$0.00 |
| A6257 | TRANSPARENT FILM, 16 SQ. IN. OR LESS, EACH DRESSING | \$1.53 |
| A6258 | TRANSPARENT FILM, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING | \$4.29 |
| A6259 | TRANSPARENT FILM, MORE THAN 48 SQ. IN., EACH DRESSING | \$10.92 |
| A6260 | WOUND CLEANSERS, ANY TYPE, ANY SIZE | \$24.95 |
| A6261 | WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT ELSEWHERE CLASSIFIED, | \$0.00 |
| A6262 | WOUND FILLER, DRY FORM, PER GRAM, NOT ELSEWHERE CLASSIFIED | \$0.00 |
| A6266 | GAUZE, IMPREGNATED, OTHER THAN WATER OR NORMAL SALINE, ANY WIDTH, PER LINEAR YARD | \$1.92 |
| A6402 | GAUZE, NONIMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING | \$0.12 |
| A6403 | GAUZE, NONIMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESI | \$0.43 |
| A6404 | GAUZE, NONIMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BOREDER, EACH DRESSING | \$0.00 |
| A6407 | PACKING STRIPS, NON IMPREGNATED, UP TO TWO INCHES IN WIDTH, PER LINEAR YARD | \$1.87 |
| A6410 | EYE PAD, STERILE, EACH | \$0.39 |
| A6411 | EYE PAD, NON- STERILE, EACH | \$0.25 |
| A6412 | EYE PATCH, OCCLUSIVE, EACH | \$0.45 |
| A6442 | CONFORMING BANDAGE, NO ELASTIC, KNITTED, WOVEN, NON STERILE, WIDTH LESS THAN THREE INCHES, PER YARD | \$0.17 |
| A6443 | CONFORMING BANDAGE, NO ELASTIC, KNITTED, WOVEN, NON STERILE, WIDTH GREATER THAN OR EQUAL TO THREE | \$0.29 |

| Procedure Code | Procedure Code Description | Rate |
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| A6444 | CONFORMING BANDAGE, NO ELASTIC, KNITTED, WOVEN, NON STERILE, WIDTH GREATER THAN FIVE INCHES, PER YARD | \$0.56 |
| A6445 | CONFORMING BANDAGE, NO ELASTIC, KNITTED, WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD | \$0.32 |
| A6446 | CONFORMING BANDAGE, NO ELASTIC, KNITTED, WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND | \$0.41 |
| A6447 | CONFORMING BANDAGE, NON ELASTIC, KNITTED, WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE | \$0.66 |
| A6448 | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED, WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD | \$1.16 |
| A6449 | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED, WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES | \$1.75 |
| A6450 | LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED, WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD | \$0.00 |
| A6451 | MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED, WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50 | \$0.00 |
| A6452 | HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED, WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS | \$5.90 |
| A6453 | SELF ADHERENT BANDAGE, ELASTIC, NON KNITTED, NON WOVEN, WIDTH LESS THAN THREE INCHES PER YARD | \$0.61 |
| A6454 | SELF ADHERENT BANDAGE, ELASTIC, NON KNITTED, NON WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS | \$0.77 |
| A6455 | SELF ADHERENT BANDAGE, ELASTIC, NON KNITTED, NON WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES PER YARD | \$1.39 |
| A6456 | ZINC PASTE IMPREGNATED BANDAGE, NON ELASTIC, KNITTED, WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND | \$1.27 |
| A6457 | TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD | \$1.14 |
| A6501 | COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED | \$0.00 |
| A6502 | COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED | \$0.00 |
| A6503 | COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED | \$0.00 |
| A6504 | COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED | \$0.00 |
| A6505 | COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED | \$0.00 |
| A6506 | COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED | \$0.00 |

| Procedure Code | Procedure Code Description | Rate |
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| A6507 | COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED | \$0.00 |
| A6508 | COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED | \$0.00 |
| A6509 | COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS(VEST), CUSTOM FABRICATED | \$0.00 |
| A6510 | COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS(LEOTARD), CUSTOM FABRICATED | \$0.00 |
| A6511 | COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED | \$0.00 |
| A6512 | COMPRESSION BURN GARMENT, NOT OTHERWISE CLASSIFIED | \$0.00 |
| A6513 | COMPRESSION BURN MASK, FACE AND/OR NECK , PLASTIC OR EQUAL, CUSTOM FABRICATED | \$0.00 |
| A6530 | GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MM HG, EACH | \$43.27 |
| A6531 | GRADIENT COMPRESSION STOCKING, BELOW KNEE 30-40 MM HG, EACH | \$60.96 |
| A6532 | GRADIENT COMPRESSION STOCKING, BELOW KNEE 40-50 MM HG, EACH | \$0.00 |
| A6533 | GRADIENT COMPRESSION STOCKING. THIGH LENGTH, 18-30 MM HG, EACH | \$0.00 |
| A6534 | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MM HG, EACH | \$0.00 |
| A6535 | GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MM HG, EACH | \$0.00 |
| A6536 | GRADIENT COMPRESSION STOCKING FULL LENGTH/CHAP STYLE, 18-30 MM HG, EACH | \$0.00 |
| A6537 | GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MM HG, EACH | \$0.00 |
| A6538 | GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MM HG, EACH | \$0.00 |
| A6539 | GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MM HG EACH | \$0.00 |
| A6540 | GRADIENT COMPRESSION STOCKING, WAIST LENGTH 30-40 MM HG, EACH | \$0.00 |
| A6541 | GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MM HG, EACH | \$0.00 |
| A6542 | GRADIENT COMPRESSION STOCKING, CUSTOM MADE | \$0.00 |
| A6543 | GRADIENT COMPRESSION STOCKING, LYMPHEDEMA | \$0.00 |
| A6544 | GRADIENT COMPRESSION STOCKING, GARTER BELT | \$0.00 |
| A6549 | GRADIENT COMPRESSION STOCKING, NOT OTHERWISE SPECIFIED | \$0.00 |
| A6550 | DRESSING SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE, EACH | \$23.58 |
| A7000 | CANISTER, DISPOSABLE, USED WITH SUCTION PUMP, EACH | \$7.16 |

| Procedure Code | Procedure Code Description | Rate |
|----------------|---|----------|
| A7001 | CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH | \$29.75 |
| A7002 | TUBING, USED WITH SUCTION PUMP, EACH | \$3.45 |
| A7003 | ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE | \$2.73 |
| A7004 | SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE | \$1.53 |
| A7005 | ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NONDISPOSABLE | \$27.72 |
| A7006 | ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER | \$8.12 |
| A7007 | LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR | \$3.96 |
| A7008 | LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR | \$10.97 |
| A7009 | RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER | \$37.81 |
| A7010 | CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET | \$23.26 |
| A7011 | CORRUGATED TUBING, NON-DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 10 FEET | \$0.00 |
| A7012 | WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER | \$3.57 |
| A7013 | FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR | \$0.75 |
| A7014 | FILTER, NON-DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR | \$4.03 |
| A7015 | AEROSOL MASK, USED WITH DME NEBULIZER | \$1.64 |
| A7016 | DOMES AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER | \$6.51 |
| A7017 | NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN | \$133.70 |
| A7018 | WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML | \$0.38 |
| A7025 | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT EACH | \$433.86 |
| A7026 | HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH | \$28.68 |
| A7027 | COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH | \$178.90 |
| A7028 | ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT, ONLY EACH | \$49.42 |
| A7029 | NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR | \$20.19 |
| A7030 | FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH | \$162.18 |
| A7031 | FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH | \$59.98 |

| Procedure Code | Procedure Code Description | Rate |
|----------------|--|----------|
| A7032 | REPLACEMENT CUSHION FOR NASAL APPLICATION DEVICE, EACH | \$34.85 |
| A7033 | REPLACEMENT PILLOWS FOR NASAL APPLICATION DEVICE, PAIR | \$24.42 |
| A7034 | NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP | \$101.14 |
| A7035 | HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE | \$30.46 |
| A7036 | CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE | \$15.65 |
| A7037 | TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE | \$33.72 |
| A7038 | FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | \$3.94 |
| A7039 | FILTER, NON-DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE | \$13.18 |
| A7040 | ONE WAY CHEST DRAIN VALVE | \$39.38 |
| A7041 | WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE | \$74.01 |
| A7042 | IMPLANTED PLEURAL CATHETER, EACH | \$176.97 |
| A7044 | ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH | \$103.95 |
| A7045 | EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE | \$16.74 |
| A7046 | WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH | \$16.78 |
| A7501 | TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH | \$104.77 |
| A7502 | REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE EACH | \$49.79 |
| A7503 | FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM EACH | \$11.30 |
| A7504 | FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH | \$0.66 |
| A7505 | HOUSING, REUSABLE W/O ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALV | \$4.66 |
| A7506 | ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE EACH | \$0.33 |
| A7507 | FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYS | \$2.48 |
| A7508 | HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRA | \$2.86 |
| A7509 | FILTER HOLDER AND INTEGRATED FILTER HOUSING AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE | \$1.41 |

| Procedure Code | Procedure Code Description | Rate |
|----------------|--|----------|
| A7520 | TRACHEOSTOMY, LARYNGECTOMY TUBE, NON CUFFED, POLYVINYLCHLORIDE, SILICONE OR EQUAL, EACH | \$47.36 |
| A7521 | TRACHEOSTOMY, LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE, SILICONE OR EQUAL, EACH | \$46.93 |
| A7522 | TRACHEOSTOMY, LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL, STERILIZABLE OR REUSEABLE, EACH | \$45.05 |
| A7524 | TRACHEOSTOMA STENT, STUD, BUTTON, EACH | \$77.21 |
| A7525 | TRACHEOSTOMY MASK, EACH | \$2.06 |
| A7526 | TRACHEOSTOMY TUBE COLLAR, HOLDER, EACH | \$3.36 |
| A7527 | TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH | \$3.57 |
| A8000 | HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES | \$152.97 |
| A8001 | HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES | \$152.97 |
| A8002 | HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES | \$0.00 |
| A8003 | HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES | \$0.00 |
| A8004 | SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY | \$0.00 |
| A9153 | MULTIPLE VITAMINS, WITH OR WITHOUT MINERALS AND TRACE ELEMENTS, ORAL, PER DOSE, | \$0.00 |
| A9155 | ARTIFICIAL SALIVA, 30 ML | \$2.70 |
| A9281 | REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH | \$0.00 |
| A9282 | WIG, ANY TYPE, EACH | \$200.00 |
| A9500 | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M SESTAMIBI, PER DOSE | \$65.52 |
| A9501 | TECHNETIUM TC-99M TEBOROXIME, DIAGNOSTIC, PER STUDY DOSE | \$0.00 |
| A9502 | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M TETROFOSMIN, PER DOSE | \$522.50 |
| A9503 | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M, MEDRONATE, UP TO 30 MCI | \$0.00 |
| A9504 | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M APCITIDE | \$0.00 |
| A9505 | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, THALLOUS CHLORIDE TL 201, PER MCI | \$0.00 |
| A9507 | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, INDIUM IN 111 CAPROMAB PENDETIDE, PER DOSE | \$0.00 |
| A9508 | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, IOBENGUANE SULFATE I-131, PER .5 MCI | \$0.00 |
| A9509 | IODINE 1-123 SODIUM IODIDE, DIAGNOSTIC, PER MILLICURIE | \$0.00 |

| Procedure Code | Procedure Code Description | Rate |
|----------------|--|--------|
| A9510 | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC99M DIOSFENIN, PER VIAL | \$0.00 |
| A9512 | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,TECHNETIUM TC-99M PERTECHNETATE, PER MCI | \$0.00 |
| A9516 | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,I-123 SODIUM IODIDE CAPSULE, PER 100 UCI | \$0.00 |
| A9517 | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,I-131 SODIUM IODIDE CAPSULE, PER MCI | \$0.00 |
| A9521 | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,TECHNETIUM TC 99M EXAMETAZINE, PER DOSE | \$0.00 |
| A9524 | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,IODINATED I-131 SERUM ALBUMIN, FIVE MICROCURIES | \$0.00 |
| A9526 | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, AMMONIA N 13, PER DOSE | \$0.00 |
| A9527 | IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE | \$0.00 |
| A9528 | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I 131 SODIUM IODIDE CAPSULE, PER MILLICURIE | \$0.00 |
| A9529 | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I 131 SODIUM IODIDE SOLUTION, PER MILLICURIE | \$0.00 |
| A9530 | SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC AGENT, I 131 SODIUM IODIDE SOLUTION, PER MILLICURIE | \$0.00 |
| A9531 | SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I 131 SODIUM IODIDE, PER MICROCURIE, UP TO 100 | \$0.00 |
| A9532 | SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC AGENT, IODINATED I 125, SESRUM ALBUMIN, 5 MICROCURIES | \$0.00 |
| A9535 | INJECTION, METHYLENE BLUE, 1 ML | \$0.00 |
| A9536 | TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES | \$0.00 |
| A9537 | TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES | \$0.00 |
| A9538 | TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES | \$0.00 |
| A9539 | TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES | \$0.00 |
| A9540 | TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES | \$0.00 |
| A9541 | TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES | \$0.00 |
| A9542 | INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES | \$0.00 |
| A9543 | YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC PER TREATMENT DOSE, UP TO 40 MILLICURIES | \$0.00 |

| Procedure Code | Procedure Code Description | Rate |
|----------------|--|--------|
| A9544 | IODINE I-131 TOSITUMOMAB, DIAGNOSTIC, PER STUDY DOSE | \$0.00 |
| A9545 | IODINE I-131 TOSITUMOMAB, THERAPEUTIC, PER TREATMENT DOSE | \$0.00 |
| A9546 | COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE | \$0.00 |
| A9547 | INDIUM IN -111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE | \$0.00 |
| A9548 | INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE | \$0.00 |
| A9550 | TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIE | \$0.00 |
| A9551 | TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIE | \$0.00 |
| A9552 | FLUORODEOXYGLUCOSE F-18 FDG, DIANGOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES | \$0.00 |
| A9553 | CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIES | \$0.00 |
| A9554 | IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIES | \$0.00 |
| A9555 | RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES | \$0.00 |
| A9556 | GALLIUM GA-67 CITRATE, DIAGNOSTIC. PER MILLICURIE | \$0.00 |
| A9557 | TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES | \$0.00 |
| A9558 | XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES | \$0.00 |
| A9559 | COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE | \$0.00 |
| A9560 | TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES | \$0.00 |
| A9561 | TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES | \$0.00 |
| A9562 | TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES | \$0.00 |
| A9563 | SODIUM PHOSPHATE P-32, THERAPEUTIC, PER MILLICURIES | \$0.00 |
| A9564 | CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE | \$0.00 |
| A9566 | TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES | \$0.00 |
| A9567 | TECHNETIUM TC-99M PENETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLICURIES | \$0.00 |
| A9568 | TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES | \$0.00 |
| A9569 | TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE | \$0.00 |
| A9570 | INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE | \$0.00 |
| A9571 | INDIUM IN-111 LABELED AUTOLOGOUS PLATELETS, DIAGNOSTIC, PER STUDY DOSE | \$0.00 |

| Procedure Code | Procedure Code Description | Rate |
|-----------------------|---|-------------|
| A9572 | INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES | \$0.00 |
| A9576 | INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML | \$2.30 |
| A9577 | INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML | \$2.68 |
| A9578 | INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER NL | \$2.43 |
| A9579 | INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHER WISE SPECIFIED (NOS), PER ML | \$2.35 |
| A9600 | SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, STRONTIUM-89 CHLORIDE, PER MCI | \$614.65 |
| A9603 | SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, I-131 SODIUM IODIDE CAPSULE, PER MCI | \$0.00 |
| A9605 | SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, SAMARIUM SM-153 LEXIDRONAM, 50 MILLICURIES | \$0.00 |
| A9698 | NONRADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY | \$0.00 |
| A9699 | SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC IMAGING AGENT, NOT OTHERWISE CLASSIFIED | \$0.00 |
| A9700 | SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY | \$0.00 |
| A9900 | MISCELLANEOUS DME SUPPLY, ACCESSORY, AND/OR SERVICE COMPONENT OF ANOTHER HCPCS CODE | \$0.00 |
| A9999 | MISCELLANEOUS DME SUPPLY OR ACCESSORY, NOT OTHERWISE SPECIFIED | \$0.00 |